CJA 21 AUTHORIZATION AND VOUCHER FOR EXPERT AND OTHER SERVICES

1. CIR./DIST./DIV. CODE	2. PERSON REPRESENTED	VOUCHER NUMBER
ALM	Dewhart, Willie Davis	

3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER
	2:06-000094-001		

7. IN CASE/MATTER OF (Case Name)	8. PAYMENT CATEGORY	9. TYPE PERSON REPRESENTED	10. REPRESENTATION TYPE (See Instructions)
U.S. v. Dewhart	Misdemeanor	Adult Defendant	Criminal Case

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section). If more than one offense, list (up to five) major offenses charged, according to severity of offense.
1) 21 841G=NP.M -- NARCOTICS - POSSESSION WITH INTENT TO DISTRIBUTE

12. ATTORNEY'S STATEMENT
As the attorney for the person represented who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request:

[X] Authorization to obtain the service. Estimated Compensation: $ 1600.00 OR
[ ] Approval of services already obtained to be paid for by the United States from the Defender Services Appropriation. (Note: Prior authorization should be obtained for services in excess of $500)

Signature of Attorney _____ Date 7/16/07

[ ] Panel Attorney [XX] Retained Atty [ ] Pro-Se [ ] Legal Organization

Attorney's name (First name, Middle initial, Last name, including suffix) **and mailing address.**

Susan G. James
PO Box 198
Montgomery, AL 36101-0198

Telephone Number: _____

13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See instructions)
Defense presentation of competency to stand trial..

15. Court Order
Financial eligibility of the person represented having been established to the court's satisfaction, the authorization requested in Item 12 is hereby granted.

See order attached
Signature of Presiding Judicial Officer or By Order of the Court

7/23/07
Date of Order

Nunc Pro Tunc Date

Repayment or partial repayment ordered from the person represented for this service at time of authorization.
[ ] YES [ ] NO

14. TYPE OF SERVICE PROVIDER

01 [ ]	Investigator	20 [ ]	Legal Analyst/Consultant
02 [ ]	Interpreter/Translator	21 [ ]	Jury Consultant
03 [X]	Psychologist	22 [ ]	Mitigation Specialist
04 [ ]	Psychiatrist	23 [ ]	Duplication Services (See Instructions)
05 [ ]	Polygraph Examiner	24 [ ]	Other (specify)
06 [ ]	Documents Examiner		
07 [ ]	Fingerprint Analyst		
08 [ ]	Accountant		
09 [ ]	CALR (Westlaw/Lexis,etc)		
10 [ ]	Chemist/Toxicologist		
11 [ ]	Ballistics Expert		
13 [ ]	Weapons/Firearms/Explosive Expert		
14 [ ]	Pathologist/Medical Examiner		
15 [ ]	Other Medical Expert		
16 [ ]	Voice/Audio Analyst		
17 [ ]	Hair/Fiber Expert		
18 [ ]	Computer (Hardware/Software/Systems)		
19 [ ]	Paralegal Services		

16. SERVICES AND EXPENSES (Attach itemization of services and expenses with dates)	AMOUNT CLAIMED	MATH/TECHNICAL ADJUSTED AMOUNT	ADDITIONAL REVIEW
a. Compensation			
b. Travel Expenses (lodging, parking, meals, mileage, etc.)			
c. Other Expenses			

17. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix) **and MAILING ADDRESS**

Dr. Daniel Koch
2411 Old Shell Road
Mobile, AL 36607

TIN: _____
Telephone Number: _____

CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM _____ **TO** _____
CLAIM STATUS [ ] Final [ ] Interim Payment Number _____ [ ] Supplemental Payment
I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services.

Signature of Claimant/Payee: _____ Date: _____

18. CERTIFICATION OF ATTORNEY: I hereby certify that the services were rendered for this case.

Signature of Attorney: _____ Date: _____

19. TOTAL COMPENSATION	20. TRAVEL EXPENSES	21. OTHER EXPENSES	22. TOT. AMT APPROVED/CERTIFIED

23. [ ] Either the cost (excluding expenses) of these services does not exceed $500, or prior authorization was obtained.
[ ] Prior authorization was not obtained, but in the interest of justice the court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (excluding expenses) exceeds $500.

Signature of Presiding Judicial Officer _____ Date _____ Judge/Mag. Judge Code _____

24. TOTAL COMPENSATION	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMOUNT APPROVED

28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. 3006A(e)(3)

Signature of Chief Judge, Court of Appeals (or Delegate) _____ Date _____ Judge Code _____